



INTERNATIONAL RESCUE COMMITTEE  
NIGERIA PROGRAM

QUARTERLY REPORT

PROVISION OF NFI AND EMERGENCY GBV AND WASH SERVICES TO IDPs AND HOST COMMUNITIES IN ADAMAWA  
STATE, NIGERIA

(Contract No: AID-OFDA-A-14-00013)

Report dates: January 1<sup>st</sup> - March 31<sup>st</sup>, 2015

PRESENTED TO:

THE USAID OFFICE OF FOREIGN  
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DATE SUBMITTED  
27<sup>TH</sup> APRIL 2015

## I. Executive Summary

PROGRAM TITLE: Provision of NFI and Emergency GBV and WASH Services to IDPs and Host Communities in Adamawa State, Nigeria

PROJECT NO: AID-OFDA-A-14-00013

AGENCY: International Rescue Committee (IRC)

COUNTRY: Nigeria

CAUSE: Insurgency in North Eastern Nigeria

REPORTING PERIOD: January-March, 2015

GOAL: To provide safe and effective gender-based violence prevention and water, sanitation and hygiene services, and NFI distributions to internally displaced persons and families in Adamawa State, Nigeria.

### OBJECTIVES:

1. Appropriate quality health, psychosocial support, and safety services for survivors of GBV provide lifesaving services to survivors, which support their recovery, healing and dignity and allow them to rebuild their lives.
2. Women have increased access to and control of resources, thus reducing their vulnerability to GBV and SEA
3. GBV survivors receive timely appropriate and quality clinical treatment for consequences of sexual assault, including rape
4. Rapidly improved environmental health conditions in targeted villages

### BENEFICIARIES:

Total targeted: 62,000

IDP beneficiaries: 23,250

LOCATION: Adamawa State, Nigeria

DURATION: June 27, 2014 to June 26, 2015

## Introduction

The humanitarian situation was turbulent in Northeastern Nigeria during the reporting period, as Boko Haram-led skirmishes continued to disrupt the lives of the conflict-affected populations. Adamawa state remained the center of the humanitarian crisis as Boko Haram intensified their insurgency in southern Borno state and northern Adamawa state. The movement of displaced people to relatively safer areas continued, and hundreds of displaced persons arrived in the Local Government Area (LGA) of Yola in Adamawa state on a daily basis.

The uncertainty surrounding the presidential elections and the intensification of the counter-offensive against Boko Haram by the Multinational Joint Task Force (MNJTF) – consisting of Nigeria, Cameroon, Chad, Niger and Benin – led to increased movements of displaced within the Northeastern region. Whilst the presidential and gubernatorial campaigns remained relatively calm, with pockets of election-related violence occurring across the country, most of the citizenry exhibited greater apprehension about the outcome of the elections. Thus, the IDPs that were already in Yola preferred to stay, as they awaited the final outcome of the election, which was postponed from February 14<sup>th</sup>, 2015 to March 28<sup>th</sup>, 2015. As the MNJTF claimed to capture Boko Haram strongholds, some IDPs spontaneously went on ‘go and see’ visits of their places of origin to assess the situation. Although no specific numbers are available of the IDPs that have conducted these ‘go and see’ exercises, the informal interactions between the IRC staff and these individuals indicates that the IDPs will need enormous support in the return process as nearly everything in their places of origin was destroyed and burned to the ground. A return, for these IDPs, to their places of origin, depends on two factors: the success of the MNJTF in reclaiming territory from Boko Haram, and a peaceful transition of presidential power that neutralizes any political apprehensions.

Findings from the International Organisation for Migration (IOM) registration exercise conducted in Adamawa state during the first quarter of 2015, confirmed the fluidity of the nature of the IDP situation in the region. There are 27,612 individuals (4,381 households) living in 18 displacement sites in Adamawa. The majority of sites are located in Yola South (6 sites) and Girei (5 sites). Other sites are located in Furfore (1 site), Yola North (1 site), Ganye (1 site), Mubi South (1 site), Toungo (1 site), Numan (1 site), and Song (1 site). The majority of sites are categorized as camps and collective centers – seven sites fall in the “camp” category, ten sites belong to the “collective center” category, and one site was classified as a “transitional center”. The majority of individuals (48%) reside in collective centers, while 44% of individuals live in camps, and 8% live in transitional centers. Most of the sites (15 out of 18) were recorded as spontaneous settlements, while the remaining 3 sites were categorized as planned settlements.<sup>1</sup>

As the IRC consolidated its humanitarian intervention in Adamawa state to address the most-pressing and emerging needs of those affected by the conflict in the region, it remained focused on the IDPs and host communities in Yola LGA and the surrounding areas. The IRC’s intervention activities in the region looked to address GBV and WASH needs in these areas. GBV related activities implemented during the reporting period ensured that targeted beneficiaries had access to appropriate quality health, psychosocial and safety services, were able to recognize the dangers of

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<sup>1</sup> Displacement Tracking Matrix | DTM: Round II Report-February 2015.

[http://nigeria.IOM.int/sites/default/files/dtm/IOM%20Nigeria%20Round%20Report\\_Feb\\_2015](http://nigeria.IOM.int/sites/default/files/dtm/IOM%20Nigeria%20Round%20Report_Feb_2015)

sexual and gender based violence, and had knowledge of how and where to seek support to enable healing and emotional recovery. WASH related activities ensured improved public health and access to improved WASH infrastructures.

## **II. Summary of Activities**

Northern Adamawa State<sup>2</sup>; Hong, Maiha, Mubi North and Mubi South, Michika and Madagali Local Government Areas (LGAs)

Type Disaster: Insurgency in northeastern Nigeria

Total Number of Beneficiaries: 62,000

Intervention Month(s): January – March 2015

**Objective 1.** *Appropriate quality health, psychosocial support, and safety services for survivors of GBV provide life-saving services to survivors, which support their recovery, healing and dignity and allow them to rebuild their lives*

The IRC's GBV sector worked in close collaboration with government agencies, such as the Ministry of Women Affairs and Social Development (MWASD) and health personnel from hospital facilities at the local level, to make sure GBV survivors receive the attention and treatment needed in a timely and appropriate manner. Additionally, the IRC liaised with likeminded actors including UNHCR, UNICEF and OCHA to enhance the coordination mechanisms in GBV response. Subsequently, a meeting was convened on March 20<sup>th</sup> 2015 and moderated by the MWASD in attempt to institute a protection sector working group (PSWG). This meeting attracted 14 participants from a spectrum of agencies including government, UN, INGOs and national NGOs. The meeting resulted into participants agreeing to draft terms of reference for the protection sector, which will provide guidance on how actors coordinate efforts in this particular sector. Members also agreed to be meeting on a fortnightly basis.

The IRC GBV team initiated coordination efforts to work with the local health sector to develop a guideline for treating rape survivors and to further develop a Memorandum of Understanding (MoU) between the IRC and the Federal Medical Center (FMC), the federally funded health institution in Adamawa. The MoU is intended to stipulate modalities of cooperation between the two parties in the pursuit of addressing women's and girls' protection needs. The IRC seeks to have a safe space availed within the hospital wing, which will enhance access of survivors of GBV to clinical and psychosocial support. Once the safe space is available, the IRC will furnish it with basic office furniture as it will be a working station for an IRC recruited case worker that will be overseeing case management within the hospital premises and managing the referrals. At the time of this report, both the IRC and the Medical Director of the FMC were in discussions about formalizing the MoU.

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<sup>2</sup> These are the original proposed areas of intervention in the project: however, the targeted areas have since changed after Mubi was overrun by Boko Haram in November 2014, thus these activities were relocated to the central part of Adamawa state to be able to extend assistance to the displaced in all official and non-official camps as well as host communities.

To enable the IRC to have better knowledge and understanding of the living conditions of both the displaced population and the host communities, the IRC conducted an assessment in and around Yola from March 12<sup>th</sup>-20<sup>th</sup>, on GBV, Child Protection, Health and WASH sectors, in collaboration with the IRC's local partners: Goggoji Zumunchi Development Initiative (GZDI), Center for Caring Empowerment and Peace Initiatives (CCEPI) and Center for Women and Adolescent Empowerment (CWAE). Highlights from the assessment pertinent to GBV demonstrate a need to:

- Establish safe spaces for women and girls, where they can share experiences and work with peer groups and informal women's associations.
- Engage community leaders on their roles in facilitating a safe environment for women and girls wherein they are able to seek appropriate services that stress the importance of survivor-confidentiality.
- Improve access to services for survivors of sexual violence.
- Increase knowledge of the different forms of GBV and the reason for seeking care at the community level for women and girls.
- Establish referral pathways for services and focal points in camps and communities.
- Further assess the risks of exploitation that exist in these communities and the role that economic empowerment can play in to reduce it.

**Objective 2.** *Women have increased access to and control of resources, thus reducing their vulnerability to GBV and SEA*

Through partnerships with Centre for Women & Adolescent Empowerment (CWAE), Centre for Caring, Empowerment and Peace Initiatives (CCEPI) and Goggoji Zumunchi Development Initiative (GZDI), the IRC was able to finalize a training in Case Management specifically targeting staff from these organizations. The training was developed to orient these partners on preparations for engaging potential beneficiaries for the VSLA activities. However, formation of the VSLA groups was temporarily halted pending the presidential and gubernatorial elections as the women had apprehensions about the stability of the environment following the elections. As part of the preparations, three series of introductory meetings facilitated by the local partner organization were held with the potential members of the VSLA groups.

10 dignity kits, with a standard kit containing 1 bag, 3 wrappers, 6 pieces of bathing soap, 2 pieces of laundry soap, 1 tooth brush, 1 tooth paste, 1 comb, 1 tin of Vaseline, 2 packets of sanitary pads, 1 veil/hijab, 1 solar torch, 1 hand towel, 2 pants and 1 pair of slippers were distributed to beneficiaries in Malkwahi, Deeper Life and St. Theresa church IDP camps.

**Objective 3.** *GBV survivors receive timely appropriate and quality clinical treatment for consequences of sexual assault, including rape*

From March 16<sup>th</sup>-20<sup>th</sup>, 2015, the IRC conducted a five-day training for staff from 20 health facilities on clinical care for sexual assault survivors. Training participants were from the following health centers: Bachure Health Clinic; Damilu Clinic; Yelwa Clinic; Runde clinic; Nasarawo clinic; Aijya clinic; Gambo Jimeta Limaula Clinic; Shangari health clinic; Lamido; Aliyu health clinic; Wauro Jabbe clinic; Ardo Yahayatu Mbamba health clinic; Bako clinic; Malkohi clinic; Toungo clinic; Girei A health clinic; Damare PHCC; Vonuklang clinic and Girei B health clinic.

Medical equipment and drugs meant for survivors of sexual violence were procured during the reporting period and some quantities were distributed to those camp health facilities that were operational. The distribution was incomplete though because the staff of some of the targeted health centers run by the government remained on strike due to delayed payment of salaries.

The IRC also facilitated three training sessions for the its staff, health workers, key stakeholders in camps and case workers. The training covered GBV with particular focus on sexual assault, including rape and its consequences. This training aimed to improve the participants' knowledge and understanding about sexual violence and its consequences so that they would be better placed to provide support to survivors in a timely and comprehensive manner.

One case management training was conducted for case workers (including staff from the IRC GBV sector, as well as staff from partners GZDI, CCEPI and CWAE). This training was meant to help the case workers understand the different needs of survivors, thereby enabling them to undertake a more holistic assessment with an awareness of these different needs. Together with survivors, the case workers can then develop a work plan that will aptly address their needs, aid their recovery and rebuild their lives.

The IRC conducted pre- and post-tests to gauge the impact of the trainings on participant knowledge and to measure their progress going forward. Participants made significant strides between knowledge before and after the trainings. The IRC intends to provide additional trainings after the strike is resolved, to really solidify participants' knowledge.

One clinical management training was conducted for health staff and case workers that covered the knowledge and skills required for clinical care of sexual assault survivors.

**Table A: Synthesis of all 5 trainings conducted and number of participants.**

#	Date	Target	Sex		Average Scores	
			Female	Male	Pre-test	Post
1	Jan 30 <sup>th</sup> – Feb 2 <sup>nd</sup>	IRC staff	6	10	<50%	60%
2	Feb 5 <sup>th</sup> - 6 <sup>th</sup>	Health worker	18	0	<50%	60%
3	Feb 10 <sup>th</sup> - 11 <sup>th</sup>	Camp Key stakeholders	7	13	<50%	60%
4	Feb 25 <sup>th</sup> - 27 <sup>th</sup>	Case management training for case workers	15	0	<50%	65%
5	March 16 <sup>th</sup> – 20 <sup>th</sup>	Clinical management training for clinical & non clinical staff	23	6	<20%	56%
		<b>Total of participants</b>	<b>69</b>	<b>29</b>		

#### **Objective 4. Rapidly improved environmental health conditions in targeted villages**

The IRC continued to implement an emergency Water, Sanitation and Hygiene (WASH) intervention to rapidly improve environmental health conditions in the IDP camps and settlements within Girei, Fufure, Yola Noth and Yola South LGAs. In these locations, the IRC has accomplished the following activities during the reporting period:

**Community Hygiene Sensitization:** Hygiene and sanitation sensitizations were carried out in two IDP camps - Malakwai and Saint Theresa Catholic Church. A total of 3,353 persons (2,280 female and 1,073 male) were reached in the two camps. The key messages were related to hand washing, safe solid waste disposal, safe water treatment and personal hygiene.

**Area Cleaning Campaigns:** Twenty four (24) area cleaning campaigns were conducted in 8 IDP camps: NYSC (National Youth Service Corps) IDP camp, EYN Church IDP camp, Girei 1 IDP camp, Girei 2 IDP camp, Deeper life konar waya IDP camp, Nyako Estate Konar waya IDP camp and Saint Theresa Catholic Church IDP camp. The campaigns reached a total of 20,669 IDPs (14,054 female and 6,615 Male).

**Conducted 7 vector control activities in three (3) IDP camps:** 7 soak away pits were constructed (5 in Girei 1, 1 in Girei 2 and 1 in NYSC camp) in order to drain sewage water from the bathing facilities and avoid accumulation of standing water close to IDP dwellings. A total of 12,314 persons (8,373 female and 3,941 male) living in areas close to the soak pits that were drained benefitted from this intervention.

**Water supply (Borehole Rehabilitation/operation):** 1 Motorized borehole was rehabilitated at Girei 1 IDP camp and two other motorized boreholes were supported with fuel for pumping water in Girei 2 and Nyako estate IDP camps, each borehole was supplied with 20 liters of fuel daily (approx. 1,800ltrs of fuel delivered during the reporting period). A total of 8,581 persons (5,835 female and 2,746 male) benefitted from these boreholes.

### **III. Indicator Tracking**

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q3	Cumulative (Q1, Q2, Q3)	Remark
<b>Protection</b>					
OFDA Indicator 1: Number of individuals benefiting from GBV services (sex disaggregate)	Persons	1500	398	1,305	This includes, GBV trainings on types and consequences, case management, CCSAS and meetings with women and adolescents to discuss GBV and its consequences.

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q3	Cumulative (Q1, Q2, Q3)	Remark
OFDA Indicator 2: Number of people trained in GBV prevention or response from health facilities and partner org.	Persons	75	30	50	2 trainings were conducted on GBV prevention for 30 health staff and partners for the quarter.
OFDA Indicator 3: Percentage of people in Mother's Groups reporting improvement in their ability to cope at the end of the program	Persons	75%	0	0	This will be conducted in the last quarter of the project.
Partner organizations use a basic case management system with client intake forms, case documentation and consent forms that are accurately used and securely stored	groups	100%	66.6%	66.6%	Case management training will be conducted in the next quarter as a follow-up training for partners. But in the meantime, 2 (CCEPI and GDZI) out of the 3 partner organizations have already started using the forms.
Percent of presenting survivors who have access to case management services, including referrals, in line with their needs and wishes	persons	75%	100%	100%	3 cases were documented. Each developed a work plan and worked with case worker to implement the plan.



Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q3	Cumulative (Q1, Q2, Q3)	Remark
Percent of GBV caseworkers trained and practicing to minimum quality standards, including provision of psychosocial care	persons	80%	53%	53%	Among the 15 case workers trained, 8 of them are practicing minimum quality standards including psycho-social care. The other 7 trainees who are all from the 3 partner organizations are volunteers and are not as regular
Percent of women in mothers' groups can identify GBV services in their communities	persons	75%	27%	27%	A clear and coordinated referral pathway needs to be established by the next quarter report.
<b>Microfinance</b>					
OFDA Indicator 1: % of financial service accounts or groups supported by USAID/ OFDA that are functioning properly	Group Accounts	100%	0	0	This activity was held back because women were pessimistic about the outcome of the general elections, with fears that if it doesn't go well, it would disrupt the activity.

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q3	Cumulative (Q1, Q2, Q3)	Remark
					However, meetings have been held and interested women have been identified. 10 VSLA groups will be formed and functional by the next quarter report.
IRC Indicator 2: Number of women involved in 10 VSLA mixed groups	Persons	200	0	0	Same as above
<b>Reproductive Health</b>					
OFDA Indicator 1: Cases of SV treated	Persons	1,250	3	3	More awareness raising campaigns will be conducted on the referral pathway established in the final quarter.
IRC indicator 1: #MCH health facilities stocked with appropriate equipment and medicine	Facilities	15	0	20	Drugs and equipment were distributed to health facilities in the camps. MCH health facilities are yet to get their supplies as they are still on strike.
% Sexual assault survivors reporting	Persons	75%	0	0	3 cases were documented

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q3	Cumulative (Q1, Q2, Q3)	Remark
within 120 hours, receive PEP and ECP					but did not report within 120 hours. They were treated but not with ECP or PEP.
% trained staff demonstrating quality practice skills in response to survivors in post-training practicum	Persons	80%	80%	80%	23 (3 male & 20 female) out of the 29 trainees scored above 60%. The other 6 trainees scored less than 60%, with an average score of 56% in the post-test.
<b>Environmental Health</b>					
OFDA Indicator 1: Number of people benefiting from solid waste management, drainage, and/or vector control activities	Persons	62,000	20,669	43,443	Activity is on track and the remaining beneficiaries will be reached in the Q4
OFDA Indicator EH6: Number of people targeted by environmental health program	Persons	62,000	20,669	43,443	Activity is on track and the remaining beneficiaries will be reached in the Q4
OFDA Indicator EH6: Number of communities targeted by the environmental health program	Persons	162	8	20	Previously targeted communities in Northern Adamawa were displaced into Yola and Girei LGAs.

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q3	Cumulative (Q1, Q2, Q3)	Remark
					This disrupted environmental health activities, therefore we focused on providing services in IDP camps. We are in the process of reestablishing WASH committees to start more environmental health activities in host communities in Q4.
OFDA Indicator EH6: Number of vector control activities conducted	Activities	162	7	19	Same as Above
<b>Hygiene Promotion</b>					
OFDA Indicator: Number of people receiving direct hygiene promotion	Persons	62,000	3,353	54,422	Activity is on track and more beneficiaries will be reached in the Q4
OFDA Indicator HP1: Number of people interviewed during household visits	Persons	384	0	390	390 households were visited but 110 questionnaires were lost during the IRC office attack in October 2014. The remaining

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q3	Cumulative (Q1, Q2, Q3)	Remark
					280 questionnaires recovered in February 2015 are being analyzed and results will be shared in Q4.
OFDA Indicator HP1: % of respondents who know 3 of 5 critical times to wash hands	Persons	20% above baseline	0	0	This will be updated after analyzing the 280 recovered questionnaires.
OFDA Indicator HP7: Number of village water user committees created/trained	Committees	162	0	15	We have started mobilizing host communities in Girei, Fufure, Yola North and Yola South LGAs to establish the remaining Water User Committees in Q4 since communities from Northern Adamawa were displaced into Yola and Girei LGAs.
OFDA Indicator HP7: Number of women and men trained to be on water user committees	Persons	567 women, 567 men	0	60 women 60 Male	Same comment as above and water user committees will be activated in Q4
OFDA Indicator HP7: Number of village water committees	Committees	138	0	0	Same comment as above and water user

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q3	Cumulative (Q1, Q2, Q3)	Remark
active at least 3 months after training					committees will be activated in Q4
<b>Water Supply Infrastructure</b>					
OFDA Indicator WS3: Number of people benefiting directly from the water supply infrastructure program	Persons	62,000	8,581	18,725	The IRC has commenced water source assessments in Yola North, Yola South, Girei and Fufure LGAs to ascertain rehabilitation needs. More repairs will be conducted, reaching the remaining beneficiaries in Q4.
OFDA Indicator WS3: Number of water points developed, repaired or rehabilitated	Water Points	162	3	18	Same as above
OFDA Indicator WS3: Number fecal coliform bacteriological tests conducted	Tests	162	0	0	The IRC is in the process of procuring a water testing kit hence results will be reported in Q4.
OFDA Indicator WS3: Number of test results with 0 fecal coliforms per 100ml sample	Tests	130	0	0	This activity is on hold until the testing kit is procured.
Number of households targeted	Households	8,857	1,430	2,698	This activity will in Q4, and it will be

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q3	Cumulative (Q1, Q2, Q3)	Remark
by the water supply infrastructure					geared towards meeting beneficiary needs in the communities
Number of households visited	Households	384	0	390	390 households were visited but 110 questionnaires were lost when the IRC office was looted in October 2014 as a result of the Boko Haram insurgency.
Number of households collecting all water for drinking, cooking and hygiene from improved water points	Households	6,200	1,430	2,508	More beneficiaries will be reached once more hand pumps are repaired in Q4.

#### IV. Constraints and challenges

The on-going instability in the originally targeted areas led to the re-establishment of new operational areas in Yola and Girei LGAs and thus delayed project activities. The security situation in the LGAs remains very complex, fluid and unpredictable in nature, which was exacerbated by the presidential and gubernatorial campaigns.

The constant fluctuation of the market prices of goods and services attributed to the instability in the value of the Naira against United States dollars, which has also led to delays in access to the required project goods and services. Since the start of the year, nearly all purchases that are entered into the system for procurement have been affected by this fluctuation, given that by the time the IRC Supply Chain reaches the final point of goods acquisition – after assembling all the paperwork and necessary approvals – the suppliers decline to adhere to acquisition documents that reflect former prices given on pro-formas, which have since changed. Most cases, the unit price changes

are so significant that the Supply Chain has no option but to redo the entire process, quoting revised unit costs and thus causing massive delays to acquisition of required materials.

The widening gap between the high humanitarian needs and scarcity of available resources in Yola city has forced some displaced persons to do home-return trials. This increased population movement has led to difficulties in project planning.

Humanitarian coordination in the region is still lacking, hampering the effectiveness of the IRC's work. Currently, there are less than five INGOs and UN agencies operating in Adamawa state, alongside local civil society organizations, – the structure of the network has yet to be streamlined. Agencies were operating in absence of any stakeholder responsibility and activity mapping, and in several instances, we have had agencies converging in one camp, doing exactly the same interventions and in some instances competing for beneficiaries, whilst other camps are not even covered. In February 2015, the IRC experienced a case where soon after the WASH team had installed a hand pump, another INGO came and dismantled the unit and replaced it with their own materials.

Government line agencies like the State Emergency and Management Agency (SEMA) and National Emergency and Management Agency (NEMA) started working in collaboration with UNOCHA towards the end of the first quarter to solidify humanitarian coordination to mitigate these coordination issues. Bi-monthly coordination meetings were introduced; proposals were put tabled to initiate sector working groups; and sector matrices were under development, while feedback from all agencies and actors was requested to contribute overall coordination, so that there is no duplication of resources and effort.

The fluid security situation has made it difficult to access the targeted beneficiaries that remain in remote LGAs like Mubi, Michika and Madagali and other villages. Although some areas were said to be re-captured by the government and joint troops towards the end of the quarter, the verity of this assertion has yet to be confirmed.

The persisting strike of the health workers at the state level limited the IRC's ability to access and support health facilities. Due to the strikes, some health centers remained closed for the majority of the first quarter, blocking the delivery of drugs and medical equipment to these health facilities.

In the GBV sector, there is no national level guideline or protocol for treating sexual assault survivors and this has been an impediment to attaining holistic response and treatment for survivors of sexual violence. There is therefore a high need to work with local government to develop these guidelines.

## **V. Activities for Quarter 4 (April – June 2015)**

### **EH/WASH**

- Rehabilitation of motorized boreholes and hand pumps
- Training and activating 138 WASH Committees
- Establishing environmental health improvement plans in coordination with the targeted community representatives
- Start water quality monitoring



- Continue with hygiene and sanitation campaigns
- Continue conducting cleaning campaigns
- Conduction Knowledge Practices and Coverage (KPC) survey
- Distribution of WASH NFIs

#### **GBV**

- Continue case management and engaging women in some psychosocial activities
- Mapping of community assets: community groups, meeting spaces, community stakeholders/ supportive leaders, etc.
- Distribution of medical equipment and supplies to targeted health centers
- Selection of community groups for VSLA and psychosocial support activities
- Caring for child survivors
- Distribution of household and dignity kits.
- Establishing a referral mechanism for GBV survivors